



08-15-05

RCE  
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PTO/SB/30 (04-05)

Approved for use through 07/31/2006. OMB 0651-0061  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<p style="text-align: center;"><b>Request For Continued Examination (RCE) Transmittal</b></p> <p>Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Application Number	09/284,683-Conf. #2670
	Filing Date	June 24, 1999
	First Named Inventor	Gregor Cevc
	Art Unit	1615
	Examiner Name	G. S. Kishore
	Attorney Docket Number	58070-CPA/RCE (47126)

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

<p><b>1. Submission required under 37 CFR 1.114</b> Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).</p>	
<p>a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input type="checkbox"/> Other _____</p>	
<p>b. <input checked="" type="checkbox"/> Enclosed</p> <p>i. <input checked="" type="checkbox"/> Amendment/Reply      iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)      iv. <input type="checkbox"/> Other _____</p>	
<p><b>2. Miscellaneous</b></p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p>	
<p><b>3. Fees</b> The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. <u>04-1105</u>. I have enclosed a duplicate copy of this sheet.</p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)      08/16/2005 MBIZUNES 00000087 041105 09284683</p> <p>ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)      01 FC:1801      790.00 DA</p> <p>iii. <input type="checkbox"/> Other _____</p> <p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR/AGENT REQUIRED</b>			
Signature		Date	August 12, 2005
Name (Print/Type)	Lisa Swiszcz Hazzard	Registration No.	44,368

**Certificate of Express Mailing**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV654386297US, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 12, 2005

Signature: Lakeisha Bryant (Lakeisha Bryant)



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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **910.00**

### Complete if Known

Application Number	09/284,683-Conf. #2670
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Art Unit	1615
Attorney Docket No.	58070-CPA/RCE (47126)

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards & Angell, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
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50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
_____	- 20 =	_____ x _____	= _____	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____

- 3 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/50 (round up to a whole number) x _____	= _____	<u>Fee Paid (\$)</u>

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

120.00

Other (e.g., late filing surcharge): 1251 Extension for response within first month

790.00

4801 Request for continued examination (RCE)

SUBMITTED BY		Registration No. (Attorney/Agent)	44,368	Telephone	(617) 439-4444
Name (Print/Type)	Lisa Swiszcz Hazzard			Date	August 12, 2005

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(Lakeisha Bryant)